

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Supra / Charis</i>	<i>3-12-14</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000312</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Kost, Deps, CUS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

FEB 07 2014

Michael L. Jones
Program Manager of Eligibility, Enrollment and Member Services
Eligibility Administration
Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RECEIVED

MAR 07 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Transmittal Number (TN) SC-13-0020 Request for Additional Information

Dear Mr. Jones:

Thank you for your State Plan Amendment (SPA) SC-13-0020 for the Children's Health Insurance Program (CHIP) group three, Establish 2101(f) Group, submitted on November 18, 2013. As you are aware, your SPA has been undergoing review by the Department of Health and Human Services. In order to proceed with the review of SC-13-0020, we find it necessary to seek additional or clarifying information. The area of concern is specified below.

The Centers for Medicaid & Medicare Services (CMS) cannot continue processing your CHIP SPA SC-13-0020 until the corresponding Medicaid SPA has been approved. Please notify us when you have received this approval from Medicaid and provide assurance that the modifications, if any, which apply to the companion Medicaid SPA will also apply to this CHIP SPA in order to ensure seamless coverage between the programs. If you would like to arrange a call to discuss these questions, please let us know.

Under Section 2106(c) of the Act, the CMS must approve, disapprove or request additional information on a proposed amendment to a title XXI state plan within 90 days. This letter constitutes our notification that specified additional information is needed in order to fully assess this amendment. The 90-day review period has been stopped by this request and will resume as soon as a complete and substantive response to all of the above questions is received.

We look forward to continued discussions on the state's proposal. Your Title XXI project officer is Ms. LaVern Baty. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-5480
Facsimile: (410) 786-5882
E-mail: Lavern.Baty@cms.hhs.gov

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We appreciate the efforts of your staff and share your goal of providing quality health care to low income, uninsured children through title XXI. If you have questions or concerns regarding the matters raised in this letter, your staff may contact LaVern Baty at (410) 786-5480. She will provide or arrange for any technical assistance you may require in preparing your response. Thank you for your cooperation.

Sincerely,

Amy Luthky, Deputy Director
on behalf of:

Linda Nablo,
Director

Division of State Coverage Programs